

Arizona Massage Therapy Board

1400 W. Washington St., Suite 230

Phoenix, AZ 85007

602-542-8604 fax 602-542-3093

RECIPROCITY STATE BOARD LICENSE VERIFICATION

Section I. to be completed by applicant. Please type or print clearly

Applicant must fill in: Printed Name _____

Address: _____ Social Security Number: _____

State Licensed with: _____ License Number: _____

Section II. State Licensing Board: Please type or print clearly

The State of _____

Located At _____
Address City State

Applicants Name _____

License information; _____ / _____ / _____
License No. Date of Issue Date Expires

Current Status of this license Active ☐ Lapsed ☐ Inactive ☐ Denied** ☐ Suspended** ☐ Revoked** ☐

****Please attach a copy of the Findings of Fact and Decision and Order.**

Has the licensee ever been disciplined, Censured on Probation ** Yes _____ No _____

If **yes** provide information regarding any action pending or taken against the individual. Please describe and attach documentation:

Issued license based on:

- ☐ Education Requirements ☐ Endorsement/Reciprocity
☐ State Examination ☐ Grandfather Requirements
☐ National Examination

Qualifications for licensure in this state are:

a. Total hours of education _____

b. National examination? Yes ☐ No ☐ Date Exam taken _____

I certify that the above information is correct and true.

Name of Agency _____

Signature _____ Print _____

Title _____ Date _____

STATE SEAL

Mail this form directly to the: Arizona Massage Therapy Board
1400 W. Washington Rm. 230
Phoenix AZ. 85007